| CANDIDATE / C | FFICEHOLDER | |
|---------------|--------------|---|
| CAMPAIGN FIN | NANCE REPORT | • |

5254

FORM C/OH

| CAMPAIG | IN FINANCE REPORT | 5254 | COVER SHEET PG 1 |
|---|---|---|--|
| The C/OH INSTRUCTION this form. | ON GUIDE explains how to complete | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER NAME | Mr. Robert | MI | OFFICE USE ONLY |
| INCAPIL. | NICKNAME LAST Wes! Behedict | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | | ITY; STATE; ZIP CODE | Date Hand-defivered or Date #ostmarked |
| Change of Address | | | Date Hand-delivared or Date-Postmarked |
| CAMPAIGN TREASURER NAME | Mr. Robort | C | Receipt # Amount |
| | NICKNAME LAST "Wes" Benedict | SUFFIX | Date Processed |
| 5 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE | | ZIP CODE 78 7()4 |
| CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 442-4916 | EXTENSION | |
| REPORT TYPE | January 15 30th day before election Buly 15 8th day before election | Runqff Exceeded \$500 limit | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) |
| PERIOD COVERED | Month Day Year THROUGH | GH (Month Day | Year / U L |
| 0 ELECTION | Month Day Year ELECTION TYPE 1 | Runoff | General Special |
| OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known | nty Comm. Pet. 4 |
| NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER | Direct campaign expenditures are campaign expenditures are required to disclose this information only Name | litures made by others without the cand | didate's prior consent or approval |
| INDIVIDUALS | Address / PO Box; Apt. / Suite #; City; State; Zip i | Code | |
| additional pages | | | |
| | GO TO PA | AGE 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| | | | JOVEN ONLET PG Z |
|--|---|---|--|
| Robert C | . "Wes" | Benealet, Jr. | 15 ACCOUNT #(Ethics Commission filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | may nave been mad | tice of political expenditures by political committees to support the ca e without the candidate's or officeholder's knowledge' or consent. Cand if they receive notice of such expenditures. | ndidate / officeholder. These expenditures lidates and officeholders are required to report |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | |
| | G STECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| Lj additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 NO REPORTABLE ACTIVITY | Check here if n | o reportable activity occurred during this reporting period. (Sign affidavit | below and submit pages 1 and 2 only.) |
| 18 CONTRIBUTION TOTALS | 1. TOTAL P PLEDGE | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | \$2000 |
| | 2. TOTAL (OTHER | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEME ! | \$ |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$60000 |
| OUTSTANDING LOAN TOTALS | 5. TOTAL PE | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T OF THE REPORTING PERIOD | HE \$ |
| 19 AFFIDAVIT | | · · | |
| A STATE OF THE PARTY OF THE PAR | MONTY CEDER Notary Public, State of Texas fly Commission Expires 01-24-04 | is true and correct and includes all in me under Title 15, Election Code. | perjury, that the accompanying report information required to be reported by |
| AFFIX NOTARY STAMP / | SEAL ABOVE | Signature of Cand | idate or Officeholder |
| Sworn to and subscribe of October 20 | ed before me, by the | said Ruhat C. W. Bunedit | $\frac{1}{2} \int_{V_i} V_i$ this the $\frac{29}{2}$ day |
|) H | , to certify | which, witness my hand and seal of office. | Ditul. |
| Signature of officer admi | nistering oath | Printed name of officer administering oath | e of officer administering oath |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Candidate / Officeholder name

Office held

| 1 | ICAL EXPENDITURES FROM PERSONAL FUNDS | SCHEDULE G |
|---------------|--|--|
| The Instructi | ON GUIDE explains how to complete this form. | Schedule G: |
| | obert C. "Wes "Benedict, Ir. 3 ACCOUNT# | (Ethics Commission filers) |
| 10/1/// | 5 Payee name Travis (county Libertorian Party 6 Payee address; City; State; Zip Code P. O. 49854 Austin, Th. 78765 7 Purpose of expenditure (See instructions regarding type of information required.) Fig. 1-35 | 8 Amount (\$) Reimbursement from political contributions |
| Date | Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) Reimbursement from political contributions intended |
| Date , | Payee name | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | Reimbursement from political contributions intended |

R.C. Was Benedict P.O. Box 41059 Austin, TX 78704



County Clerk
Travis County
P.O. Pex 1748
Austin, TX 78767